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Introduction: Good morning. My name is Matthew Marsom, Director of Public Health Policy with the Public Health Institute (PHI). PHI is an independent, nonprofit organization dedicated to promoting health, well being and quality of life for people across the nation and around the world, and one of the largest and most comprehensive nongovernmental public health organizations in the nation.

I want to thank Chairman Baca and the members of Subcommittee for providing PHI with the opportunity to testify today regarding the federal nutrition programs. We are pleased to have the opportunity to provide our perspective and recommendations on this important topic.

For more than twenty years, PHI has partnered with the State of California to assist the California Department of Public Health (CDPH) implement a series of programs and initiatives focused on nutrition education, obesity prevention, and chronic disease surveillance, including the statewide SNAP-Ed program. This close working relationship and our decades of experience in program implementation provides PHI with a unique perspective on the status of the federal nutrition programs in California, and specifically in regard to their impact on public health and food insecurity.

The impact of the obesity epidemic confronting the United States is not news to any of us here today. Obesity is linked to increased risks for many serious diseases, including type 2 diabetes, heart disease, stroke, and some cancers. The costs in health care, disability, workers compensation, and economic losses from lost worker productivity are matched by the personal toll on individuals and their families.

People with low incomes, including those in households eligible for food stamps, are at highest risk for chronic disease resulting from poor eating and inactive lifestyles. Food stamp recipients live in the most underserved communities, environments where making healthy choices can be challenging, if not impossible, due to a lack of safe, well-equipped and well-maintained places to walk and play; lack of nearby retail stores and other services within walking or biking distance; inadequate access to supermarkets and reliance on local corner stores; and a higher concentration of fast-food outlets.

In these circumstances, food stamps can provide an essential resource for low-income families, helping to ensure that very-low-income Americans can afford a nutritionally

adequate diet. Good nutrition underpins public health, education and work productivity, and food security is a fundamental social determinant critical to community well being.

However, despite the tremendous need and the importance of the program, still too many eligible Californians are going without the benefits to which they are entitled. According to recent data from UCLA, among the 3.1 million adults in California struggling with food insecurity, 77 percent do not receive food stamps. California is second to last in the nation for overall participation in the Food Stamp Program and last in the nation for participation amongst the working poor. The need has only increased due to the current economic crisis, making these figures all the more alarming. Although the federal nutrition assistance entitlement programs are designed as a nutrition safety net, many are under-used and operate in silos.

Today, I would like to describe a series of recommendations that we believe would help to enhance SNAP and other federal nutrition programs and ensure that they can better help to confront the twin threat of obesity and hunger that threatens the health of our children.

Program Participation and Outreach:

1. Congress and USDA should establish cross cutting national participation targets for all federal programs and reduce penalties and sanctions for errors in eligibility, instead providing stronger, non-competitive incentives to state and local agencies that increase program participation. For waivers or mandates intended to increase participation but which require new administrative costs or expensive retrofitting of computer systems, USDA should provide administrative supplements to offset the initial costs of system upgrades. USDA should institute monitoring and evaluation systems that report to the public regularly on rates of food insecurity and progress of Food and Nutrition Service (FNS) program access and participation.
2. USDA should revise federal program requirements to ensure that barriers to full participation are minimized:
 - Index eligibility criteria to actual cost of living: To end childhood hunger successfully, income eligibility criteria should not exclude children whose families happen to live in high-cost states. To extend eligibility to all families facing food insecurity, USDA should index income criteria for food assistance program eligibility to local or regional cost of living, such as the ACCRA Cost of Living Index or other recognized measure, rather than the nationally-applied Federal Poverty Level (FPL).
 - Improve access and reduce stigma to food assistance program participation and implement Electronic Benefits Transfer (EBT) for delivery of the Women, Infants and Children's Nutrition Program (WIC) to mirror SNAP.
 - Reduce administrative barriers to full participation in child nutrition programs, for example:
 - Allow state WIC agencies the option to certify children for a period of one year, aligning with the current policy for other participants and ensuring the availability of resources for nutrition services; and

- Align WIC screening for iron-deficiency anemia with lead and substance abuse protocols by referring to medical care when verbal screening criteria are met and removing the requirement to document blood tests.
 - Use SNAP and Temporary Assistance for Needy Families (TANF) categorical eligibility to qualify all school-aged children in families for free meals, not just individual students.
 - Eliminate the current tiered system in the Child and Adult Care Food At-Risk Snack Program to encourage greater participation by family daycare homes.
3. USDA should mobilize its resources to establish technical assistance networks for community food security that can be available to help states and localities with adapting, implementing and taking to-scale successful techniques, methods, and initiatives from throughout the country. Topics and activities that could be part of such technical assistance networks for the nation include: community food system assessments, Electronic Benefits Transfer (EBT) in farmers' markets, corner store conversion projects, community-supported agriculture, farm-to-fork sourcing, state or local food policy councils, agricultural preservation, small farm and new farmer programs, and community/school gardens. This low-cost network might be established using grants or cooperative agreements with non-profit public health, anti-hunger and food security organizations; the existing Cooperative Extension system; FNS programs; partnerships with other sectors like foundations, non-profit health plans, insurers and hospitals; and sister federal agencies like the Centers for Disease Control and Prevention (CDC), Department of Transportation, Department of Education, and Housing and Urban Development.
 4. In SNAP, USDA should modify the use of the Thrifty Food Plan as the fiscal base for SNAP and increase the benefit value to accommodate the generally-higher prices of healthy food and regional variability in cost of living, allow retailers to offer EBT customers sale-and promotional prices for healthy foods such as fruits and vegetables and push for higher standards for retailers to provide for the availability of fresh foods in all four food categories. This would have the benefit of increasing the availability, accessibility and –possibly—lower the price of healthy food in many low-income communities.

Supplemental Nutrition Assistance Program Education (SNAP-Ed):

One federal nutrition program that is a lynchpin, linking together opportunities to address access to healthy food, while addressing hunger and obesity, is SNAP-Ed.

SNAP-Ed is a federal/state partnership that provides matching reimbursement funds to support nutrition education for low-income persons currently and potentially eligible for SNAP. Prior to the renaming of the Food Stamp Program in the 2008 Farm Bill, SNAP-Ed was known as Food Stamp Nutrition Education, or FSNE. SNAP-Ed programs improve the likelihood that SNAP participants will make healthy choices within a limited budget and choose active lifestyles consistent with the current Dietary Guidelines for Americans and MyPyramid.gov.

In California, SNAP-Ed is overseen by the California Department of Social Services (CDSS) and delivered through interagency agreements with the CDPH and the University of California. CDPH has established the *Network for a Healthy California (Network)* which supports a comprehensive statewide nutrition and physical activity campaign, working through diverse channels and hundreds of local programs to target an estimated seven million SNAP-Ed eligible parents and children.

Throughout the United States, SNAP-Ed programs are doing tremendous work to promote healthy behaviors and help low-income families understand the importance of a healthy choice. However, current USDA FNS program guidance restricts “allowable SNAP-Ed activities” to focus exclusively on traditional approaches which, when used alone, are often inefficient, outdated and a poor use of limited resources.

The rules, established during the last administration, significantly limit the use of effective and proven social marketing interventions and disallow the use of environmental and system change approaches despite a wide-body of research that illustrates the power of these methods to deliver sustainable improvements in eating habits and other lifestyle changes. The present guidance makes it cumbersome, costly or impossible to successfully execute state and local programs.

The current USDA guidance also restricts state programs from effectively reaching large proportions of their target populations. In California over half of the SNAP population lives outside USDA approved SNAP-Ed census tracts and the figure is as much as 90 percent in some rural states.

Congress has already acted to address these problems and provided direction in the Manager’s report that accompanied the 2008 Farm Bill, stating that *“The Secretary will support and encourage implementation of the most effective methods for nutrition education ... consistent with recommendations of expert bodies. Dietary and physical activity behavior change is more likely to result from the combined application of public health approaches and education than from education alone”*.

We have welcomed the willingness of the new leadership at USDA, under the direction of Secretary Vilsack and Under Secretary Concannon, to engage with those of us who are seeking these changes to the program. However, we have yet to see specific proposals to undo the harmful and costly rules that were instituted during the prior administration. Timing is critical to make changes to the USDA SNAP-Ed guidance so that state programs can most effectively use the state and federal dollars currently being spent on nutrition education.

USDA can take immediate no cost steps to unlock the potential of SNAP-Ed and allow state and local programs to play a greater role in helping to address childhood hunger and prevent obesity. Specific actions are as follows:

1. SNAP-Ed programs should be encouraged to use existing federal share to support population- based, evidence-driven public health interventions—including

community-based social marketing, mass communications, and environmental and policy change approaches—that reach the target audience where they live, work, go to school, and make their food and physical activity choices.

2. State and local programs must be able to utilize approaches that enable and support healthy behavior change at the individual level by addressing social, environmental and community factors that limit healthy choices.
3. USDA should allow state and local agencies to use administrative funds and/or SNAP-Ed reimbursement to conduct marketing campaigns that increase participation in the federal nutrition programs, especially in SNAP, school breakfast, summer meals, afterschool snack, and the child and adult care food program.
4. Congress and USDA should encourage all nutrition assistance programs, including SNAP-Ed, to conduct counter-marketing campaigns to address the marketing of unhealthy foods and beverages, learning a lesson from the strategies and innovations that worked so well for tobacco control here in California and elsewhere. In addition, where food is sold a la carte or in vending machines, programs should take other steps such as increasing the prices of competing foods like soft drinks, other sweets, salty snacks, and deep fried foods to help lower the prices of healthy foods like fresh fruits and vegetables, low-fat milk products, whole grain products, lean and vegetarian protein sources. These efforts should be accompanied by education and promotion that increase demand for healthier food, including fresh fruits and vegetables.

By empowering parents and their children to make healthy choices, SNAP-Ed can and must play a greater role in improving dietary and physical activity practices, while helping to increase community food security, prevent obesity and reduce the risk of chronic disease for low-income Americans.

PHI welcomes the opportunity to work Congress and USDA to identify measures that can identify and remove obstacles limiting the reach, impact and effectiveness of the federal nutrition programs, including SNAP-Ed, and create sustainable healthy change in underserved communities. We believe these programs are a central pillar in a concerted effort eliminate childhood hunger and provide the opportunity to address poverty, a root cause for health, social and economic problems that affect a growing number of Americans. In many cases, the simplest solutions have little or no cost and may in fact generate considerable savings over the long-term. In addition, many of the recommendations I have outlined here and echoed by others testified today can help to simultaneously address the scourge of obesity and overweight in children and adults that leads to ill health and perpetuates the cycle of poverty.

Thank you for your time and consideration of our recommendations. I am happy to answer any questions you might have.

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Curriculum Vitae

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EDUCATION:

University of Glasgow, Scotland

Ph.D Politics (Units Completed: 2.0) 1998-1999

Postgraduate Certificate in Research Methods 1998-1999

Postgraduate Certificate in Russian for Social Scientists 1998-1999

University of Stirling, Scotland

BA (Honors) First Class, Politics 1993-1997

EMPLOYMENT:

Director of Public Health Policy and Advocacy

Public Health Institute, Oakland, CA, August 2008-Present

Responsible for monitoring and influencing public health policy, legislation and regulations that affect PHI projects and interests and increasing understanding and support for public health, primarily at the state legislative and administrative levels, but also as appropriate with Congress, federal agencies and community organizations.

1. Health Program Specialist II

California Department of Public Health, Sacramento, CA, January-August 2008

2. Development Specialist III, Public Health Institute, Sacramento, CA, 2004-2008

Responsible for the oversight and delivery of the policy activities of the *Network for a Healthy California (Network)*, California's statewide SNAP-Ed program, and lead responsibility for management and supervision of the personnel and programs of the *Network* Policy Unit within the Cancer Control Branch. This included: monitoring state and federal legislation; analyzing critical health policy issues; recommending policy direction for CDPH; writing reports to the legislature, policy papers, legislative testimony, and budget change proposals; analysis of national and state legislation; responding to policy-critical correspondence; and consulting and coordinating with national, state, and local organizations regarding nutrition/physical activity-related policy issues. I was also responsible for maximizing the participation of external partners to the *Network*, internal and external CDPH workgroups and committees, and represented CDPH programs with other federal, state and local agencies, including local Health Departments, while implementing strategies to strengthen the coordination of state and local chronic disease prevention programs.

Development Specialist II, Public Health Institute, Sacramento, CA, 2003-2004

- Coordinated and planned the *California Nutrition Network's* Policy Action Teams (PATs), ensuring that PAT activities correlate with the *Network's* policy platform and its planned direction;
- Provided staff support for program development and partnership activities of the Regional Nutrition Network Lead Agencies and Regional Collaboratives.
- Worked with program staff to ensure coordination of CPNS activities within targeted Campaigns and special projects, including Local Incentive Awardees, and the implementation of internal systems that promote streamlined communications and program delivery.
- Monitor legislation, elements of state budget, and advocacy events that effect program goals and objectives;
- Develop background information, policy briefs, and fact sheets to support CDHS goals and objectives;
- Maintain and facilitate relationships with partners and potential partners in public, nonprofit, and private sectors for long-term participation and collaboration on priority issues and activities of strategic and tactical importance for the program action agenda

Marketing Specialist III, California Preschool 5 a Day Plus Active Play! Campaign, 2002-2003

Public Health Institute, Sacramento, CA (www.ca5aday.com)

- Lead the planning and design of the *Preschool 5 a Day Campaign*;
- Assisted with the development of Campaign-specific policy platform and environmental change priorities;
- Monitor national, state and local policy developments changes related to *Campaign* priorities;
- Participate in Joint Steering Committee and Policy Action Teams and contribute towards *5 a Day Campaign* media and PR strategy;

- Direct the *Campaign's* formative research, including managing external contractors and write reports, request for proposals and pursue funding opportunities as required.

Adviser for Policy and Strategy - Disadvantaged Areas Team, 2001-2002

Department for Education and Skills (DfES), London, United Kingdom (www.dfes.gov.uk)

As adviser to the UK government executive in the national delivery of the Neighborhood Childcare Initiative (NCI), specific duties included:

- Policy development and analysis, providing policy support and analysis, briefings, policy submissions and speech writing for the Secretary of State for Education and the Under Secretary of State for School Standards;
- Promotion of NCI to key community and voluntary organizations, private sector companies and other stakeholders, including County health authorities, housing associations and cooperative societies;
- Writing, editing and managing the production and publication of newsletters, flyers, conference brochures, position papers, the NCI website and guidance documents;
- Promoting the Government's disadvantaged areas policy to government officials, elected representatives, community groups, schools, educators and parents through fact sheets, public speaking, organizing national conferences and regional seminars;
- Promoting links between NCI and other neighborhood regeneration initiatives and ensuring 'joined up' public policy delivery;
- Leading the development of marketing and communications strategy for NCI, targeted for specific client groups;
- Building media strategy and writing press releases; and supporting the delivery of Mini-Sure Start, which provided health services to low income families in rural areas;

Policy Development and Campaigns Officer, 1999-2001

Pre-school Learning Alliance, London UK (www.pre-school.org.uk)

In my role at this national UK education and childcare non-profit key responsibilities included:

- Chief adviser to senior management at a national and local level on major government policy initiatives, including: local Early Years Development and Childcare Partnerships; *Neighborhood Nurseries*, *Sure Start* (UK equivalent of *Head Start*), the *Children's Fund* and the Working Families Tax Credit;
- Liaised with parliamentarians, local elected representatives, national and local government officials;
- Developed and maintained contacts with key national and local stakeholders and partners and conducted national mailing campaigns to obtain support for the organization;
- Provided policy support, advice and direction to the charity's representatives on 150 local community Partnerships;
- Campaign development and media strategy with both pro-active and reactive media work. This included researching case studies, writing press releases, developing story 'pegs,' and 'selling in' stories with journalists;
- Coordinated the response to government consultations and conducted legislative monitoring and bill analysis;
- Prepared statistical analysis and summaries for senior management, the charity's board of trustees and regional centers;
- Acquired a thorough understanding of the apparatus of local and national government, the legislative and public policy process, with sensitivity to political issues.

Intern, Project Vote Smart, Boston, MA, USA, (www.vote-smart.org), 1998

- Updated national databases on candidates for office and elected officials and monitored legislation;
- Conducted political research, using both the Internet and traditional methods and worked on national voter registration campaigns;
- Synthesized information into concise reports, with case studies as necessary, that could be presented in a public arena;
- Worked with government officers and elected officials at the state and federal level on a cross party basis.